### FORM D



### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APF	PROVAL
OMB Number	3235-0076
Expires:	May 31, 2005
Estimated average	ge burden
hours per respon	se16.00

SEC USE ONLY

DATE RECEIVED

Serial

Prefix

Name of Offering ( ch	eck if this is an an	nendment and name ha	is changed,	and indicate	change.)			
Private Placement of Un	its consisting of S	eries A Preferred Sto	ock and Wa	rrants to p	urchase Commo	n Stock		
Filing Under (Check box	(es) that apply):	☐ Rule 504	☐ Rul	e 505	■ Rule 506	☐ Section 4(6)	UL0	OE
Type of Filing:	lew Filing 🔲	Amendment						
		A. BASIC	IDENTIF	CATION I	DATA		_pD(	JCESSE
1. Enter the informatio	n requested about	the issuer						
Name of Issuer (□ chec	k if this is an amer	dment and name has o	changed, an	d indicate c	hange.)		M	AY 20 200
TRI-D Systems, Inc.								THOMSON
Address of Executive Off	ices(Number and	Street, City State, Zip	Code)		Telephone N	Number (Including A	Area Code)	
790 East Colorado Boul	evard, 9 <sup>th</sup> Floor, l	Pasadena, CA 91101		_	626.240.06	644		
Address of Principal Bus	iness Operations(N	lumber and Street, Cit	y State, Zip	Code)	Telephone N	Number (Including A	Area Code)	
(if different from Executi	ve Offices)							
Brief Description of Busi	ness							
Software								
Type of Business Organiz	zation			-				
corporation	☐ limited pa	rtnership, already form	ned			a· i	10 1 a +	2000
☐ business trust	☐ limited pa	rtnership, to be formed	d	□ other	(please specify):	M	# 11	ALLA >>
		-	Month	Year				Arc.
Actual or Estimated Date	-	-	1 0	0 3		Estimated		4. <del>-</del>
Jurisdiction of Incorporat	_	•				<del></del>		
	CN	for Canada; FN for ot	her foreign	jurisdiction	)	DE		

### **GENERAL INSTRUCTIONS:**

Who Must File: All issuers making an offering of securities in reliance on an exemption under regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years:
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)  Shatford, Debra
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o TRI-D Systems, Inc., 790 East Colorado Boulevard, 9th Floor, Pasadena, CA 91101
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)  Shatford, Will
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o TRI-D Systems, Inc., 790 East Colorado Boulevard, 9th Floor, Pasadena, CA 91101
Check Box(es) that Apply:   Promoter  Beneficial Owner  Executive Officer  Officer  Director  General and/or Managing Partner
Full Name (Last name first, if individual)
Johnston, Clyde Business or Residence Address (Number and Street, City, State, Zip Code)
c/o TRI-D Systems, Inc., 790 East Colorado Boulevard, 9th Floor, Pasadena, CA 91101
Check Box(es) that Apply: Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner
Full Name (Last name first, if individual)
Green Street Ventures, Inc.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o TRI-D Systems, Inc., 790 East Colorado Boulevard, 9th Floor, Pasadena, CA 91101
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:   Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: 

Promoter 

Beneficial Owner 

Executive Officer 

Director 

General and/or Managing Partner

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFOI	RMATION	ABOUT C	FFERING				····			···		
											Yes	
1. Has t	the issuer so	ld, or does	the issuer ir	ntend to sell				_				X
Answer also in Appendix, Column 2, if filing under ULOE												
2. What is the minimum investment that will be accepted from any individual?												
2 Door	the offerin	a narmit iai	nt assmanah	in of a sinal	a unit?						Y es	s No □
			nt ownershi	-		or will be r	sold or alve	n directly o	r indirectly	anı,	لقا	u
Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.									•			
If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state												
-				• `	-		-	ed are assoc				
a bro	ker or deale	er, you may	set forth the	e informatio	on for that b	roker or dea	aler only.				N	√A
Full Name	e (Last name	e first, if inc	dividual)									
		· · · · · · · · · · · · · · · · · · ·										
Business	or Residenc	e Address (	Number and	d Street, Cit	y, State, Zip	Code)						
Nama of	Associated I	Proker or D	anlar									
rame of A	Associated I	JIOKEI OI D	Carei									
States in '	Which Perso	on Listed H	as Solicited	or Intends	to Solicit Pu	ırchasers						
(Check '	'All States"	or check in	dividual Sta	ites) 🗖 All	States							
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last nam	e first, if inc	dividual)									
							·					
Business	or Residenc	e Address (	Number and	d Street, Cit	y, State, Zij	p Code)						
Name of .	Associated 1	Broker or D	ealer		<del></del>		· . · <del></del>					
						·						
						,				dual States)	☐ All S	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[MT]	[NE]	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	e (Last nam									<del></del>		
			Number an	d Street, Ci	ty, State, Zi	p Code)						<del></del>
	Associated			J								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)							□ All S					
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

•	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$	\$
	, , , , , , , , , , , , , , , , , , , ,	\$ \$	\$
	Other (Specify) Units consisting of Series A Preferred Stock and Warrants	\$ 250,027	\$ 250,027
	Total	\$ <u>250,027</u> \$ <u>250,027</u>	\$ 250,027
		φ <u>230,027</u>	\$230,027
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	8	\$250,027
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C- Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agents Fees		<b>□</b> \$
	Printing and Engraving Costs		□ \$
	Legal Fees		<b>30,000</b>
	Accounting Fees		□ \$
	Engineering Fees		□ \$
	Sales Commissions (specify finders' fees separately)		□ \$
	Other Expenses (identify)		□ \$
	Total		<b>⊠</b> \$ 30.000

C. OFFERING PRICE, NUMBER OF INVE	STORS, EXPENSES AND USE OF PROCEEDS			
b. Enter the difference between the aggregate and the total expenses furnished in response to	e offering price given in response to Part C - Question 1 o Part C - Question 4.a. This difference is the "adjusted			\$ 220,027
each of the purposes shown. If the amount for	ss proceeds to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and check I of the payments listed must equal the adjusted gross Part C - Question 4.b above.			
			Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees		□ \$	S	□ \$
Purchase of real estate		□ \$	S	□ \$
Purchase, rental or leasing and installatio	n of machinery and equipment		S	□ \$
Construction or leasing of plant buildings	and facilities	□ \$	S	□ \$
	g the value of securities involved in this offering that securities of another issuer pursuant to a merger)	□ \$	5	. 🗆 \$
Repayment of indebtedness		□ \$	S	□ \$
Working capital			S	<b>X</b> \$ 220,027
Other (specify):			5	. 🗆 \$
			S	
Column Totals			S	<b>X</b> \$ 220,027
Total Payments Listed (column totals add		\$	220,027	
	D. FEDERAL SIGNATURE			
signature constitutes an undertaking by the issue	ed by the undersigned duly authorized person. If this not referrish to the U.S. Securities and Exchange Commiscredited investor pursuant to paragraph (b)(2) of Rule	ission		
Issuer (Print or Type)	Signature		Date	
TRI-D Systems, Inc.	Weha / VX		May 5, 2004	ļ
Name of Signer (Print or Type)	Title of Signer (Print or Type)		·	
Debra Shatford	Chief Executive Officer			

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)